

FILED AUG 12 1941

Registration District No. 659

Primary Registration District No. 5826

Registrar's No. 88

009

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry

(b) City or town 'Rural' Cinque Hommes Two  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Biehle, Mo. Route #1.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME Cecelia M. Berkbiegler

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John A. Berkbiegler 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased June 15, 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>28</u>	hr. _____ min.

9. Birthplace Cape County, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation House-wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Renner

13. Birthplace Cape County, Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Elizabeth Bohnert

15. Birthplace Perry County, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Emma Berkbiegler

(b) Address Biehle Mo. Route #1.

17. (a) Burial (b) Date thereof July 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Biehle, Mo.

18. (a) Signature of funeral director Bob Funeral Home

(b) Address Perryville, Mo.

19. (a) July 14 - 1941 (b) Martin Mueckel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town 'Rural' (If outside city or town limits, write "RURAL") 0

(d) Street No. Biehle, Mo. Route #1. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th  
year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 15,  
1941 to July 13, 1941  
that I last saw her alive on July 12, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Sudden

Due to Coronary Sclerosis 2 yrs  
Chronic Myocarditis 2 yrs.  
Hypertension 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 940

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

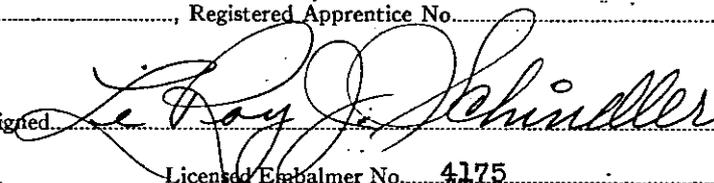
23. Signature Oscar Carr (M. D. or nurse) 0  
Address Perryville, Mo. Date signed 7/14/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4175.....

P. O. Address. Perryville, Mo. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**